

American surgeons, not for its originality, but for its candour. It is rich in interesting cases and references, and appears to establish most completely many of the principles advocated. We cannot go the quite full length with M. Velpeau in recommending the trephine in certain cases, but we firmly believe that those who read his remarks will be prepared to act with more decision than is now customary in cases of injuries of apparently desperate character. There is one principle advocated by some very distinguished men in this country, which is sometimes applied, by their juniors at least, in a manner deserving of all reprobation—it is this, that a dangerous and extremely doubtful operation is to be avoided in many cases, simply because the failure may compromise the reputation and destroy the usefulness of the surgeon! This feeling, to our certain knowledge, has prevented the use of the trephine in many cases in this country. Now, though we are no ardent lovers of mutilation and the knife, we never witness a surgeon in debate upon a case involving the certain loss of life, if left to nature, and making out his opinion of the *indications* by casting his *reputation* into the scale, but with a kind of nervous shudder and certain reminiscences of a court and jury.

R. C.

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XXI. *A Compendium of Operative Surgery, intended for the Use of Students, and containing a Description of all Surgical Operations. Illustrated with Engravings.* No. 1. By THOMAS L. OGIER, M. D. Lecturer on Anatomy and Operative Surgery, and THOMAS M. LOGAN, M. D. Lecturer on Materia Medica and Therapeutics. Charleston, 1834. pp. 262.

A suitable manuel of operative surgery, illustrated by plates, and adapted to the state of the art in this country is very much wanted, and we took up this little faciculus in the hope that it would prove the commencement of such an undertaking; but candour compels to confess that our hopes have not been altogether realized.

The first number, the only one yet published, treats of the various forms of incisions, and the mode of handling the knife in performing them, the several varieties of suture, the different species of ligatures, the mode of tying the temporal and facial arteries, and the operation suggested by M. Manec for securing the lingual artery. In the introduction, the author's acknowledge the extent to which they have used the well-known works of MM. Manec, Coster, Velpeau, Sabatier and Blandin, and indeed the whole aspect of the number is peculiarly French. Waving all remarks upon the rules for holding the instrument and making incisions, not because they are perfect and unexceptional, we may notice that the bistoury is the instrument described as appreciable to almost all cases, and little more than a bare allusion is made to the scalpel, while as it is well known the instruments generally called by the former name are scarcely ever used in this country, except in punctures, in cutting from within outwardly, in laying open fistulæ, or in dividing parts upon the grooved director. The broad bistoury figured in the first plate, and fitted for great incisions, is an instrument which we have never seen employed. The English scalpel placed beside it, with the steel continued through the handle, and terminated by a raspatory is only seen in trepanning cases, and this particular specimen with its acuminated point, has a form very ill-adapted to the uses to which

the scalpel is usually devoted. Moreover, the long, conical director which always reminded us of the apparatus major, is miserably adapted to the end for which it was designed. Notwithstanding the many excellencies of French surgery, it may be remarked in perfect fairness, that the French were never noted for the excellence or beauty of their instruments. It is difficult to avoid the question, whether the authors could furnish the originals of these drawings from their own cabinets.

The crucial, the V, and the T incisions are all directed to be made with the bistoury, and the directions are adapted to that instrument only, but the authors acknowledge that the elliptical incisions should always be made with the scalpel. So, we think, should the others, unless under very peculiar circumstances.

In the description of sutures, no notice is taken of the fact that the interrupted and twisted sutures are almost exclusively used in this country. The quilled suture is an excellent resource in very extensive incisions, particularly on the abdomen, and the looped suture may *possibly* have its applications in some of the operations for the cure of deformities; but the glover's suture!—what doth it here! However, we believe it was once used after a *very celebrated ovarian operation in New Jersey, performed hors de la profession*. There is one objectionable circumstance in the plate representing the several sutures. In works designed as manuals for beginners, care should be taken that the illustrations of treatment should represent the remedy as applied in cases demanding its use; now, if we except the hare-lip, and possibly the wound of the nose, none of the incisions figured in the plate require a suture at all. This may be regarded as hypercriticism, but the first impressions made on the mind of a beginner are exceedingly important, and the matters of which we are speaking are purely elementary.

In speaking of the different modes of arresting hæmorrhage, the authors, we were astonished to find, make use of the following sentence.

“To arrest hæmorrhage during operations on the extremities, surgeons *formerly* used the tourniquet, which is so perfectly familiar to every one that it is useless to describe it here. Its application being very painful to the patient, it has fallen very much into disuse in France. In England and America it is *occasionally used*, though not so often as formerly.” p. 18.

The substitute mentioned is, of course, pressure by the thumb of an assistant on the principal artery of the limb. We cannot but esteem the authors mistaken on the facts of the case, but as it regards the expediency of the substitution, under circumstances which admit of a choice, we differ with them most decidedly, and feel confident of support in our opinion from four-fifths of the profession out of France, and from no small number in that country. Though pressure on the inguinal artery may not be very painful, it does not perfectly command the circulation of the limb, and certainly pressure on the subclavian is vastly more painful than the tourniquet, while it requires some skill in the assistant, and when the patient is restless, or the operation protracted, it is exceedingly insecure.

The authors advocate the torsion of the smaller arteries in preference to the ligature. We have so recently spoken of this plan of treatment that it is unnecessary to repeat the remark. (See Bibliograph of Sanson on Reunion in this number.) They mention the different forms and materials for ligatures, but take no

notice of the almost total condemnation of the flat ligature, and the scarcely less universal abandonment of animal ligatures in the country of their birth. Allusion is made to the beautiful forceps of Dr. Physick, for securing deep-seated arteries, and a figure is given in illustration, but by some strange misconception the needle is fixed in a position the reverse of the true one, thus depriving it of almost all the advantage derived from the forceps, and making it scarcely applicable to any artery beyond the reach of the needle alone!

We might make some further strictures, but the task is disagreeable. Some of those already made, fall most heavily upon the authorities from whom the instruments and measures censured are derived: but as these latter have been adopted in an American book, designed for the use of American students, we have felt it to be our duty to notice them more pointedly than we should have done had they been presented to us in their original dress. Doubtless the details of the more important operations will be much more interesting and valuable as the work proceeds. Wishing it success, we would only suggest, in closing these remarks, that it might be adviseable to draw the instruments from such as are in actual use on this side of the Atlantic, and which have therefore undergone the last improvements of Yankee ingenuity. R. C.

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XXII. *Du Choléra-Morbus en Russie, en Prussie et en Autriche, pendant les années 1831 et 1832.* Par M. M. AUGUSTE GERARDIN et PAUL GAIMARD, Membres et Commissaires de l'Académie Royale de Médecine, Envoyés en Russie par le Gouvernement Français, pour Etudier le Choléra. Deuxieme edition. Avec trois Planches gravées et coloriées, &c. &c. Paris, 1832. pp. 340. 8vo.

This volume comprises ten letters addressed to Count D'Argout, Minister of Commerce and Public Works of France, by the commissioners sent to Russia to study the cholera; with an appendix, consisting of an account of the plague of Moscow in 1771, compared with the cholera which prevailed in the same city in 1830 and 1831, together with various official documents relative to the progress of cholera, sanitary cordons, &c. &c.

The first nine letters are principally devoted to an account of the progress of cholera in the north of Europe, and of the means taken to arrest its march by sanitary cordons, with abundant illustrations of the futility of these measures, and even of their absolutely injurious tendency. We have, on a former occasion considered these subjects, (see No. for May, 1832,) and shall not now again discuss them; the more especially as subsequent observations have not led us to alter the views already presented. The tenth letter in the work before us is devoted to the consideration of the symptoms, anatomical lesions, and treatment of cholera.

The symptoms of this disease are unfortunately too familiar for it to be necessary to repeat what is said by our authors on this subject; but we must not pass by in silence the interesting clinical experiments of Dr. Czermak, Professor of Physiology in the University of Vienna, respecting the low temperature of the body, a *constant attendant* on this disease. From the experiments alluded to, it results—1st. That the feet are constantly found to have the lowest temperature, next the hands and the tongue, then the body, neck, scrobiculis